

Position Security Change Request Forms - MyCalPAYS (MCP) 015 Instructions

Field Description	Explanation
Section 1 – Instructions	
Instructions on how to complete form	
Section 2 – Requestor Information	
Requesting Agency and Section	Enter agency's name and section. Do not use any abbreviations.
Requestor (Data Owner/Agency Requestor)	Enter name of MyCalPAYS security monitor.
Requestor Phone #	Enter phone number including area code.
Requestor Email	Enter work email address of requestor.
Request Date	Enter date completing MCP 015 form.
Section 3 – Position Information	
Position #	Enter MyCalPAYS position number.
Position Name	Enter classification of position.
Blanket Position	Check the box if the position is a blanket.
Section 4 – Current Position Holder	
Person ID #	Enter MyCalPAYS person ID number for individual in current position.
MAGic Required	Check the box if individual requires access to MAGic. MAGic is a screen magnification software program.
JAWS Required	Check the box if individual requires access to JAWS. JAWS is a screen reader software program. JAWS verbally reads aloud what's on the computer screen.
Employee Name (Legal Name)	Enter employee's name as it appears in MyCALPAYS, first, M.I., and last name.
Employee's Work Email	Enter employee's work email address.
Employee's Work Location (City)	Enter the name of the city in which employee works. Spell out the name of the city. No abbreviations.
Section 5 – Security Expiration Date for Temporary Change	
Temporary Change	If individual only needs a role for a short duration, specify the date for the access in MM/DD/YYYY format. Access must not exceed more than 1 year.
Employee Name (Legal Name)	Enter Legal Name of person, i.e., first, M.I., and last name.

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Person ID #	Enter MyCalPAYS person ID number for individual in current position.
Section 6 – Reason for Change Request	
New Position	Indicate an “x” if requesting access for a newly defined position to MyCalPAYS. Indicate the date as to when the position was established in MyCalPAYS in the date position established field.
Date Position Established	Indicate date in MM/DD/YYYY format.
Role Change	Indicate an “x” when MCP 015 form submitted due to a role change.
Other (specify)	Indicate an “x” when MCP 015 form submitted is not due to new MyCalPAYS position or role change. Examples may include position not originally mapped during role mapping.
Section 7, 7a, and/or 7b – Position Change Requests	
Requested Role	Indicate an “x” for any role in which the position requires access to perform their statutory and/or constitutional duties.
Role	Refer to Security Role Profile under the resource section at www.sco.ca.gov/21century_mycalpays_user_access .
Security Org Unit(s) #	Include the level within the organization in which the position needs access, i.e., 20000005 equals all of State Controller’s Office; 20000464 equals all of Arts Council.
Role Change	Select “Add” or “Remove” for each role requested for the position.
Position Specific Comments	Comments may include legacy position number.
SOD Conflict, if applicable	If a Segregation of Duties (SOD) Conflict is indicated on the form, either remove the conflicting role being requested or submit the MyCalPAYS SOD Risk Acceptance Form.
Training Completed, if applicable	Indicate “Yes” or “No” as to whether training was completed by individual.

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Section 8 – Requestor Authorization/Acknowledgements	
Authorizing Manager (Signature) and Date	Legal signature of the individual accepting responsibility for employee listed, and date signed. This individual must be the certifying official identified on the Security Monitor Designee form, PPSD 40.
Acknowledgment – Security Monitor (Signature) and Date	Legal signature of the individual who is designated as your agency/campus Security Monitor, Assistant Security Monitor, or Alternate Security Monitor.